



ENTRON SECURITY SERVICES

Daily Security Report

Client No. 2036	Client Name O.H. MATERIALS	Location 1802 OSWEGO ST. UTICA	Date 5/28/87																					
Facility Equipment 1	Detex Clock 1	Weapon No. —	Holster —	Nightstick —	Raincoat 1	Flashlight 1	Other Gate ; Trailer keys																	
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) ofc Del Vecchio		Officer—Swing Shift (Name) ofc R. Dealing		Officer—Grave Shift (Name) Dick Koboski																		
Shift Began 80 AM-PM Ended 4 AM-PM		Shift Began 4 AM-PM Ended 120 AM-PM		Shift Began 12 AM-PM Ended 8 AM-PM																				
Observations or actions taken	Yes	No	Explanation	Yes	No	Explanation	Yes	No	Explanation															
Rounds or stations missed		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>																
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>																
Unlocked vaults or safes		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>																
Fire-smoke-or hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>																
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>																
2. Sprinkler system defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>																
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>																
4. Rubbish accumulation		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>																
5. Motors running		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>																
6. Lights left burning		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	LIGHTS OUT 0530															
Injury hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>																
Visitors	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		OHM DEPA MEN															
Trespassing		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	ON SITE															
Violation of company rules		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>																
Remarks																								
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																								
1. Were you injured during this tour?	Day Shift Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	1.	Yes	No	2.	Yes	No	3.	Swing Shift Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	1.	Yes	No	2.	Yes	No	3.	Grave Shift Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	1.	Yes	No	2.	Yes	No	3.
2. Did you suffer any illness?	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	1.	Yes	No	2.	Yes	No	3.	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	1.	Yes	No	2.	Yes	No	3.	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	1.	Yes	No	2.	Yes	No	3.
3. Have you reported all accidents coming to your attention?	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	1.	Yes	No	2.	Yes	No	3.	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	1.	Yes	No	2.	Yes	No	3.	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	1.	Yes	No	2.	Yes	No	3.
Signatures	1	Mark Del Vecchio					1	Robert Dealing					1	Dick Koboski										
Signatures	2.						2.						2.											
Signatures	3.						3.						3.											

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